

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING TATTOOING/BODY PIERCING ESTABLISHMENT APPLICATION

Per Wis. Admin. Code § SPS 221.04, all tattooing and body piercing activities must occur in a licensed establishment. In addition, all tattooists and body piercers must also hold a practitioner's license.

What Counts as Tattooing and Body Piercing?

- **Tattoo** - Means to insert pigment under the surface of the skin of a person, by pricking with a needle or otherwise, so as to produce an indelible mark or figure through the skin.
- **Body Piercing** - Means perforating any human body part or tissue, except an ear, and to place a foreign object in the perforation to prevent the perforation from closing.
- **Ear Piercing** - Ear piercing is exempt from the licensing requirements. All parts of the ear are included in this exemption.

Whom Should I Contact to Obtain a License?

Establishment licenses are issued by the county Health Department or DSPS if the county Health Department does not perform inspections. Contact numbers for county Health Departments which perform inspections can be found on our web page at [DSPS Tattoo and Body Art](#). Applications and other information can also be found on this web page. If your county does not perform body art establishment inspections, please contact DSPS at (608) 266-2112.

For DSPS Issued Licenses:

1. **Submit completed application (Form #3174)** and applicable fee(s).
2. **Schedule Pre-Licensing Inspection:** Once you receive, notification that your application has been received contact the Department of Safety and Professional Services at (608) 266-2112 or visit: www.dsps.wi.gov to schedule the inspection. During the inspection, the Inspector will share with you the applicable code requirements that your establishment must meet.

Some important public health concerns identified during the pre-licensing inspection include:

- Procedural area hand wash sink(s) with hot and cold water under pressure
- Toilet room with toilet and separate hand wash sink
- Age restriction signage
- Light colored, easily cleanable walls and ceilings
- Smooth, durable and non-porous floor material in procedural areas
- Approved and listed autoclave for sterilization
- Ultrasonic cleaning unit provided
- Closed cabinets exclusively used for equipment storage
- Proper sharps disposal container size and location(s)
- Inks from approved sources
- Disinfectants, antiseptics and enzymatic cleaners supplied
- Single use gloves, plastic coverings and barrier shields supplied

Variance Request:

If you are requesting a variance, please contact the Department of Safety and Professional Services at (608) 266-2112 or visit: www.dsps.wi.gov to speak to a representative.

Local Approval:

The Inspector may ask you for documentation showing that the proposed Tattooing and Body Piercing establishment has been approved for use by the local zoning authority. Talk with the local zoning authority to assure that your property is approved for business use. The local zoning authority may be a Village, Township, City, or County.

For questions concerning **tax ID numbers** or **business tax reporting**, contact the Department of Revenue at: <https://www.revenue.wi.gov/>

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TATTOO/BODY PIERCING ESTABLISHMENT APPLICATION FORM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK			<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Application Type: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership			
Proposed Establishment Name <input type="text"/>		County <input type="text"/>	Anticipated Opening Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Proposed Establishment Address (street, city, state, zip) <input type="text"/>			Establishment Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		or Federal Employer Identification# <input type="text"/> - <input type="text"/>	
Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.			
Email Address <input type="text"/>			
Legal Licensee Name <input type="text"/>		WI License Number <input type="text"/>	
Legal Licensee Address (street, city, state, zip) <input type="text"/>			
Legal Licensee Email <input type="text"/>		Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Identify the establishment that is relocating, closing, or changing ownership. (if applicable)			
Name of Establishment <input type="text"/>	WI License Number <input type="text"/>	Proposed Closing Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **Tattoo Establishment**
\$135.00 Initial License Fee
\$255.00 Pre-inspection Fee
\$390.00 Total Fee Attached
- ☐ **Body Piercing Establishment**
\$135.00 Initial License Fee
\$255.00 Pre-inspection Fee
\$390.00 Total Fee Attached
- ☐ **Tattoo/Body Piercing Establishment**
\$220.00 Initial License Fee
\$400.00 Pre-inspection Fee
\$620.00 Total Fee Attached
- ☐ **\$100.00 Temporary Tattoo Establishment Fee**
☐ **\$100.00 Temporary Body Piercing Establishment Fee**
☐ **\$100.00 Temporary Tattoo/ Body Piercing Establishment Fee**
(Temporary licenses are valid for no more than seven (7) days per event.)

For Receipting Use Only (402)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ Application (Form #3174) and appropriate fee
- ☐ Inspection completed by the DSPS

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /